APPLICATION FOR SPECIFIC USE PERMIT

City of Canton, Texas

Instructions: Please type or print and fill out completely. Should you need additional space, attach extra sheets. **OWNER** Phone# Address: Email: AGENT/ATTORNEY: Phone# Address: Email: **PROPERTY DESCRIPTION:** (Lot(s); Block(s); Name of Subdivision or Addition and Physical Address; **VZCAD Property ID Number)** CURRENT ZONING: PRESENT USE OF LAND/PROPERTY (if vacant, so state) SPECIFIC USE REQUESTED: PROPOSED DEVELOPMENT / REASON FOR SUP: **FILING FEE:** \$250.00 (Make check payable to the City of Canton) Mail or bring application (along with filing fee) to City of Canton, 201 N. Buffalo, Canton, TX 75103.

I do hereby accept and agree to be bound by and comply with the written requirements of the specific use permit as may be established by the Planning & Zoning Commission and/or the City Council. Date Signature of Owner Date Signature of Owner Revised 10/2021

IF APPLICABLE: I hereby certify that I am the sole owner of the above-named property; and (2) I have the legal authority to seek a zoning change regarding the above-described real property.

NOTE: IF YOU ARE NOT THE SOLE OWNER, PLEASE CONTACT CITY STAFF FOR ADDITIONAL NEEDED INFORMATION.

As Owner, I hereby give permission to seek the zoning change stated h City Staff, Planning & Zoning Commission and/	nerein and to represent me at meetings with the or City Council.
I hereby certify that the above statements are	true and correct to the best of my knowledge.
	Owner's Signature
	Printed Name of Owner
	Printed Name of Owner
STATE OF TEXAS	
COUNTY OF	
Subscribed and sworn to before me this	day of, 20
	Notary Public My Commission Expires:
	iviy commission expires.